

Juno e-mail printed Thu, 29 Apr 2010 17:51:58, page 1 of 1

exhibit #13-A

Dear Clinton,

We are proud to announce we have repaid our government loan - in full, with interest, five years ahead of the original schedule. We realize we still have more to do. Our goal is to exceed every expectation you've set for us. We're designing, building and selling the best cars and trucks in the world. Like the award-winning Chevy Malibu, the all-new Buick LaCrosse, the versatile Cadillac CTS Sport Wagon and the innovative GMC Terrain, just to name a few. We invite you to learn more about the new GM and join our community, by visiting [gm.com](http://gm.com).

Susan E. Docherty  
Vice President, U.S. Marketing

General Motors Company

I learned to become a mechanic at a very young age as a farm boy. The FBI sent this information to the captain's quarters when Clinton joined the army infantry at the California training center. The FBI discovered this when looking for another party.

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Clinton have several references to my claims of weakness of the general motors weak vehicle frames & steering assemblies of which cost Margaret & Clinton millions very bad physical damage that will last for the balance of their (our) lives.

Mr. Rick Wagoner, upon receipt of Clinton's 1st claim of vehicle weaknesses, immediately went to the assembly lines in the factory and ordered stronger & heavier steel in the body frames and steering, plus increased welding. General sales persons etc sent the notices as written in the above 1st paragraph.

I lost my eye about 60 minutes of doing business, need time for recovery  
your Honor: western Washington  
has lost its electric energy known by plaintiffs from our home to the west for nine miles & south for at least 50 miles. my printer, fax, typewriter etc. are all dead & we don't know how long it will be before we get our electricity back because of terrific snow & ice 8 inches deep is every where.

The shipyard had dead Clinton standing without parts that need upon Clinton's ship yard waiting for a long story happening from ship yards war dead vehicles in world #2

**Consult Request**

Printed On Dec 22, 2008

## APPOINTMENT.

Diagnosis: bilateral inguinal hernias

Planned Procedure: laparoscopic bilateral inguinal hernia repair

Requesting Provider: Hammill

Requested Appointment Date: Apr 21, 2005

Requested OEC Appointment Date: Apr 21, 2005

Planned Surgery Date: Apr 25, 2005

Was the History and Physical Completed in Clinic? No

Was Informed Consent Completed in Clinic? No

Known Consult Needs (complete electronic consult scheduling will be done with OEC): Medicine Consult

ASA Status: II Mild Systemic Disease, no functional limitations

Additional Instructions: please make oec medicine and oec for April 21

Weight: 223.2 lb [101.5 kg] (12/02/2004 14:26)  
Height: 74.5 in [189.2 cm] (08/05/2004 15:15)

Patient Allergies: Patient has answered NKA and followed April 30, 09 with a pacemaker installation. This resulted in an infection and most of another week.

Any new allergies: None sedatives in the hospital taking antibiotics to remove the incoming front particles until May 11, 2009 and considered safe for Plaintiff's release from hospital on May 12, 2009. It was very difficult to mentally function properly on this case.

ORDERS: ~~sedatives~~ in the hospital taking antibiotics to remove the incoming front particles until May 11, 2009 and considered safe for Plaintiff's release from hospital on May 12, 2009. It was very difficult to mentally function properly on this case.

## 1. Medications:

Drug:Dose:

Route:

Schedule:

Additional Comments:

Drug:Dose:

Route:

Schedule:

Additional Comments:

ACTIVATOR, ~~activator~~

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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as a result: Plaintiff's discovered the Suburban Frame Channel was too Frail and the steering assembly was both inclusive of too much of structure causing Plaintiff's both to take a beating when the front end collapsed.

# Consult Request

*exhibit # 8*

Printed On Dec 22, 2008

Note# 9316146

Note: TIME ZONE is local if not indicated

LOCAL TITLE: PRE-OP MEDICINE CONSULT REPORT TEMPLATE  
STANDARD TITLE: INTERNAL MEDICINE CONSULT

DATE OF NOTE: APR 21, 2005@16:56

ENTRY DATE: APR 21, 2005@16:56:55

AUTHOR: CORNIA, PAUL B

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

PATIENT AGE: 80

GENDER: MALE

PLANNED PROCEDURE (& SIDE): laparoscopic BIH repair

PLANNED PROCEDURE DATE: 4/25/05

*actual surgery: 4/25/05  
date released from hospital  
April 25 - 05 - Adversary*

## HISTORY

- 1) Cardiac risk factors: age
- 2) Cardiac studies: none
- 3) Functional status: no prior cardiac history. he reports that he is quite physically active in his daily life - gardens, mows the lawn, repairs cars, manages an apt complex, etc. he has mild, stable dyspnea on exertion and denies chest pain, as well as orthopnea, pnd and leg swelling.

Problem list: (per dr bryson)

- 1) Fiberglass exposure, dyspnea on exertion, no current pulmonary disease.  
11/04 pfts: mild airflow obstruction, fev1 2.9L
- 2) Benign prostatic hypertrophy, elevated PSA, biopsy negative 1997.
- 3) First degree AV block.
- 4) Ascending aortic aneurysm, 5.3 cm, stable.
- 5) Degenerative joint disease hips, right greater than left.
- 6) s/p R hip replacement
- 7) L hand injury from MVA - triquetral fx of uncertain age (8/3/04)

Current Medications:

- 1) Ibuprofen 400mg i po TID prn

## PHYSICAL EXAMINATION

HEIGHT: 74 in [188.0 cm] (04/21/2005 13:46)  
[104.1 kg] (04/21/2005 13:46)  
TEMPERATURE: 97.6 F [36.4 C] (04/21/2005 13:46)  
BP: 141/57 (04/21/2005 13:46)

WEIGHT: 229 lb

PULSE: 70

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*page 2 of 8*

**Consult Request**

Printed On Dec 22, 2008

Significant Findings: Unknown

## Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	03/29/05 07:11	HAMMILL, FRED	WILBER, EILEEN M
PRINTED TO ORDERS 2E	03/29/05 07:11		
COMPLETE/UPDATE	03/16/08 17:46	TANG, CAITLYN N	TANG, CAITLYN N

Consult completed as requested by service.

Note: TIME ZONE is local if not indicated

Significant Findings: Unknown

No local TIU results or Medicine results available for this consult

===== END =====

Current Pat. Status: Outpatient

Primary Eligibility: NSC

## Order Information

To Service: OEC MEDICAL CLEARANCE  
 From Service: SPC GEN SURG (50100)  
 Requesting Provider: HAMMILL, FRED  
 Service is to be rendered on an OUTPATIENT basis  
 Place: Consultant's choice  
 Urgency: Routine  
 Orderable Item: OEC MEDICAL CLEARANCE  
 Consult: Consult Request

## Reason For Request:

Patient with 1st degree AV block needs pre-op medical eval prior to laparoscopic BIH repair

## Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE

Last Action: COMPLETE/UPDATE

## Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	03/29/05 07:11	HAMMILL, FRED	WILBER, EILEEN M
PRINTED TO ORDERS 2E	03/29/05 07:11		
COMPLETE/UPDATE	04/21/05 17:13	CORNIA, PAUL B	CORNIA, PAUL B

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P. 3 of 8

*A lower incisional surgical  
canal by tracheal activator failure  
by Bonfatti Campbell*

# Consult Request

Printed On Dec 22, 2008

## GENERAL APPEARANCE AND MENTAL STATUS:

	NORMAL	NOT NORMAL	COMMENTS:
CARDIAC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	rrr s1 s2 occ ectopy, no mgr
LUNGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	cta no wrr
EXTREMITIES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no edema

## LABS &amp; STUDIES

Hct: 42.7 % (04/21/2005 14:23)  
 WBC: 8.8 K/uL (04/21/2005 14:23)  
 Platelets: 251 K/uL (04/21/2005 14:23)  
 PT: \_\_\_\_\_  
 PTT: \_\_\_\_\_  
 INR: \_\_\_\_\_  
 Na: 139 mEq/L (04/21/2005 14:23)  
 Cl: 104 mEq/L (04/21/2005 14:23)  
 BUN: 16 mg/dL (04/21/2005 14:23)  
 Glucose: 96 mg/dL (04/21/2005 14:23)  
 K: 4.2 mEq/L (04/21/2005 14:23)  
 HCO3: \_\_\_\_\_  
 Cr: 0.8 mg/dL (04/21/2005 14:23)  
 CO2: 26.0 mEq/L (04/21/2005 14:23)  
 ECG: nsr, 1st degree avb, no q waves

## ASSESSMENT/PLAN

Problem 1: Preoperative cardiac risk assessment  
 Clinical predictors - minor (age)  
 Type of surgery - low/intermediate risk  
 Functional status - Good > 4 METs (self report)

## Recommendations:

- According to AHA/ACC guidelines, this patient may proceed to surgery without further cardiac testing.
- Cardiac risk <1 % (Revised cardiac risk index - Lee et al).

Thank you for this consultation, please call with questions.

/es/ PAUL B CORNIA  
 Attending MD, GIMC

Signed: 04/21/2005 17:13

===== END =====

Current Pat. Status: Outpatient

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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P-4 of 8

#8

~~Page 15 of 15~~**Surgical Information**

Printed On Dec 22, 2008

Packing: NONE

Blood Loss: 0 ml

Urine Output: 0 ml

Postoperative Mood: SEDATED  
 Postoperative Consciousness: AWAKENING  
 Postoperative Skin Integrity: INTACT

Sequential Compression Device: YES

**Nursing Care Comments:**

see preop nursing assessment note on chart. pt verified id, npo, nkda  
 operative procedure as bilateral inguinal hernia repair. pt to or bed per  
 self w/ minimal assistance supine w/ pillow under head, bilateral arms  
 padded and secured at sides by cook rn and tatum md. pillow under knees  
 and lower legs, foam under ankles floating heels. 1gm cefazolin to  
 anesthesia for preop infusion. pt hard of hearing, amplified and  
 earphones used to facilitate communication. after induction, 16fr foley  
 inserted w/o difficulty, balloon tested, clear yellow return to urimeter  
 after balloon inflated. continues to flow clear yellow at 0830.  
 ted and scd applied to bilateral legs.

0.25% bupivacaine w/ 1:200,000 epinephrine to sterile field, 8cc  
 infiltrated by surgeons.

**implants:**

davol, bard 3DMax mesh right medium 8.5cm x 13.7cm ref#0115320 lot#  
 43GOD329 exp 2007-07.

davol, bard 3DMax mesh left medium 8.5cm x 13.7cm ref#0115310 lot#  
 43HOD306 exp 2007-08.

/es/ BARBARA M COOK  
 rn

Signed: 04/25/2005 10:02

04/28/2005 ADDENDUM

STATUS: COMPLETED

The Anesthesia Technique(s) subfile was changed as follows:

The following Anesthesia Technique was ADDED:  
 Anesthesia Technique: GENERAL

/es/ JOYCE S HENDERSON  
 SUPERVISORY PROGRAM ASSISTANT  
 Signed: 04/28/2005 08:25

-----  
 Addendum to NURSE INTRAOPERATIVE REPORT  
 -----

LOCAL TITLE: Addendum

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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Page 5 of 8

#8 ~~Page 7~~  
**Surgical Information**

Printed On Dec 22, 2008

Valid Consent/ID Band Confirmed By: COOK, BARBARA M  
Mark on Surgical Site Confirmed: YES  
Marked Site Comments: NO COMMENTS ENTERED

Preoperative Imaging Confirmed: YES  
Imaging Confirmed Comments: NO COMMENTS ENTERED

Time Out Verification Completed: YES  
Time Out Verified Comments:  
cook rn, price md, tatum md @ 0744.

Skin Prep By: COOK, BARBARA M  
Preop Shave By: DROESCH, JOHN

Skin Prep Agent: IODINE & ALCOHOL

Surgery Position(s):  
SUPINE

Placed: N/A

Restraints and Position Aids:  
SAFETY STRAP

Applied By: N/A

Electrocautery Unit: 11  
ESU Coagulation Range: 0-25  
ESU Cutting Range: 0-25  
Electroground Position(s): RIGHT POST THIGH

Tubes and Drains:  
none

Irrigation Solution(s):  
LACTATED RINGERS

Sponge Count Correct: YES  
Sharps Count Correct: YES  
Instrument Count Correct: NOT APPLICABLE  
Counter: BALDWIN, GAYLE S  
Counts Verified By: COOK, BARBARA M

Dressing: Dermabond  
Packing: NONE

Blood Loss: 0 ml

Urine Output: 0 ml

Postoperative Mood: SEDATED  
Postoperative Consciousness: AWAKENING  
Postoperative Skin Integrity: INTACT

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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page 6 of 8

# Surgical Information

*Right & left lower  
inguinal surgery*  
Preparation for  
Printed On Dec 22, 2008

Sequential Compression Device: YES

## Nursing Care Comments:

see preop nursing assessment note on chart.pt verified id, npo, nkda  
operative procedure as bilateral inguinal hernia repair. pt to or bed per  
self w/ minimal assistance supine w/ pillow under head, bilateral arms  
padded and secured at sides by cook rn and tatum md. pillow under knees  
and lower legs, foam under ankles floating heels. 1gm cefazolin to  
anesthesia for preop infusion. pt hard of hearing, amplified and  
earphones used to facilitate communication. after induction, 16fr foley  
inserted w/o difficulty, balloon tested, clear yellow return to urimeter  
after balloon inflated. continues to flow clear yellow at 0830.  
ted and scd applied to bilateral legs.

0.25% bupivacaine w/ 1:200,000 epinephrine to sterile field, 8cc  
infiltrated by surgeons.

## implants:

davol, bard 3DMax mesh right medium 8.5cmx 13.7cm ref#0115320 lot#  
43GOD329 exp 2007-07.

davol, bard 3DMax mesh left medium 8.5cm x 13.7cm ref#0115310 lot#  
43HOD306 exp 2007-08.

/es/ BARBARA M COOK  
rn

Signed: 04/25/2005 10:02

04/25/2005 ADDENDUM

STATUS: COMPLETED

The Nursing Care Comments field was changed

>> from original Nursing Care Comments text:

see preop nursing assessment note on chart.pt verified id, npo, nkda  
operative procedure as bilateral inguinal hernia repair. pt to or bed per  
self w/ minimal assistance supine w/ pillow under head, bilateral arms  
padded and secured at sides by cook rn and tatum md. pillow under knees  
and lower legs, foam under ankles floating heels. 1gm cefazolin to  
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davol, bard 3DMax mesh left medium 8.5cm x 13.7cm ref#0115310 lot#  
43HOD306 exp 2007-08.

>> to updated Nursing Care Comments text:

see preop nursing assessment note on chart.pt verified id, npo, nkda

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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P. 7 of 8



# Surgical Information

Printed On Dec 22, 2008

STANDARD TITLE: ADDENDUM

DATE OF NOTE: APR 28, 2005@08:25:39 ENTRY DATE: APR 28, 2005@08:25:39

AUTHOR: HENDERSON, JOYCE S EXP COSIGNER:

URGENCY: STATUS: COMPLETED

SUBJECT: Case #: 88659

The Anesthesia Technique(s) subfile was changed as follows:

The following Anesthesia Technique was ADDED:

Anesthesia Technique: GENERAL

/es/ JOYCE S HENDERSON  
SUPERVISORY PROGRAM ASSISTANT  
Signed: 04/28/2005 08:25

--- Original Document ---

04/25/05 NURSE INTRAOPERATIVE REPORT:

Operating Room: OR 3

Surgical Priority: ELECTIVE

Patient in Hold: APR 25, 2005 06:56

Patient in OR: APR 25, 2005 07:35

Operation Begin: APR 25, 2005 08:12

Operation End: APR 25, 2005 09:55

Patient Out OR: APR 25, 2005 10:00

Major Operations Performed:

Primary: LAPAROSCOPIC BIH REPAIR

*Surgery performed  
P. Laintiff was released  
from hospital on 4/28/05*

Wound Classification: CLEAN

Operation Disposition: PACU (RECOVERY ROOM)

Discharged Via: STRETCHER

Surgeon: DROESCH, JOHN

First Assist: MORLOCK, ASHLEY

Attend Surg: TATUM, ROGER P

Second Assist: N/A

Anesthetist: PRICE, CHRISTINE H

Assistant Anesth: N/A

OR Support Personnel:

Scrubbed

BALDWIN, GAYLE S ( )

Circulating

COOK, BARBARA M ( )

MCISAAC, MARY K ( )

Other Persons in OR:

wedlock, lois (autosuture)

Preop Mood: ALERT

Preop Consc: ALERT-ORIENTED

Preop Skin Integ: INTACT

Preop Converse: N/A

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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*Page 8 of 8*